

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AV	69861	8/9
O.I.P.E. CLASSIFIER		43	8/14/00
FORMALITY REVIEW	NC	533	9/21/00
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	2/3/04
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0
11	0
12	0
13	✓
14	✓
15	0
16	0
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21	0
22	0
23	0
24	0
25	0
26	0
27	0
28	0
29	0
30	0
31	0
32	0
33	✓
34	✓
35	0
36	0
37	0
38	0
39	✓
40	✓
41	0
42	0
43	0
44	0
45	0
46	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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